



## Membership Enrollment Form

1. Personal Information (where information will be sent—no post office box allowed)		
Name <span style="float: right; font-size: small;">(Last)</span>	Name <span style="float: right; font-size: small;">(First)</span>	Name <span style="float: right; font-size: small;">(Middle)</span>
<b>Primary Contact</b> <input type="checkbox"/> Home <input type="checkbox"/> Work		
Home Address	Work Phone (    )	
City/State/Zip	Work Fax (    )	
Company Name	Home Phone (    )	
Company Address	Cell (    )	
City/State/Zip	Email	

### Local Chapters

To find a local chapter in your area, visit [www.aapc.com](http://www.aapc.com). AAPC will assign you to the nearest local chapter. You will be able to change the chapter you are assigned to by logging into [www.aapc.com](http://www.aapc.com).

### Coding Edge and EdgeBlast

Membership includes a one-year subscription to the monthly *Coding Edge* magazine, and *EdgeBlast*, a free bi-weekly e-newsletter. Visit [www.aapc.com](http://www.aapc.com) and login to manage your *EdgeBlast* subscription.

I am enrolling as a

- Regular Member (\$125)                       Student Member (\$70)\*

\*For Student Membership, proof of registration is required.

I hereby certify that I have read, understood and agree to abide by the AAPC Code of Ethics. I understand and agree that my failure to abide by the AAPC Code of Ethics, as determined in the discretion of AAPC, at any time hereafter, may result in the loss of all credentials conferred upon me by AAPC, and of my membership in AAPC. \_\_\_\_\_ (initial space)

A copy of the AAPC Code of Ethics can be found at [www.aapc.com](http://www.aapc.com)

### Payment Options (membership fees are nonrefundable and nontransferable)

Company Check/money order enclosed \$ \_\_\_\_\_ (personal checks not accepted)    Check Number \_\_\_\_\_

Please charge my credit card account:

- VISA             MasterCard             Discover             American Express

Account Number \_\_\_\_\_                      Expiration Date \_\_\_\_\_                      Amount \$ \_\_\_\_\_

Signature \_\_\_\_\_

Print Card Holder's Name \_\_\_\_\_

Billing Address: (same as  home) \_\_\_\_\_

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